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Docket No.: MXI-285 (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

John K. Cini et al.

Application No.: 10/618350

Confirmation No.: 6687

Filed: July 11, 2003

Art Unit: 1646

For:

METHODS AND COMPOSITIONS FOR

Examiner: R. Li

PREVENTING OXIDATIVE

DEGRADATION OF PROTEINS

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (SIDS)

Dear Sir:

In accordance with 37 CFR 1.97, Applicants hereby make of record the following additional documents. A PTO Form SB/08 and a full copy of each of the documents required under 37 CFR 1.98(a)(2) accompany this statement.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, and after the mailing date of the first Office Action on the merits, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

This statement is not to be interpreted as a representation that the cited documents are material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any document herein be construed *per se* as a representation that such document is prior art. Moreover, Applicants understand the Examiner will make an independent evaluation of the cited documents.

Application No.: 10/618350 Docket No.: MXI-285

Please charge our Deposit Account No. 12-0080 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. MXI-285. A duplicate copy of this paper is enclosed.

Dated: July 28, 2006

MLZ/JRG/mch

Respectfully submitted,

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PTO/SB/08a/b (07-05)

Approved for use through 07/31/2006. OMB 0651-0031

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Substitute for form 1449A/B/PTO				Complete if Known		
				Application Number	10/618350-Conf. #6687	
INFORMATION DISCLOSURE				Filing Date	July 11, 2003	
S	TATEMENT B	3Y A	APPLICANT	First Named Inventor	John K. CINI	
				Art Unit	1646	
	(Use as many sheets as necessary)			Examiner Name	R. Li	
Sheet	1.	of	1	Attorney Docket Number	MXI-285	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known) Publication Da		Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

		FOREIG	ON PATENT I	DOCUMENTS		
Examiner Initials*	Cite No.1	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁴ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T⁵
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	NON PATENT LITERATURE DOCUMENTS						
Examiner Initials	Cite No.1	The manazine injurial senal symposium catalog etc.) date page(s) volume-issue number(s) bublisher city					
	C1	Lam, Xanthe M. et al, "Antioxidants for Prevention of Methionine Oxidation in Recombinant Monoclonal Antibody HER2," <i>Journal of Pharmaceutical Sciences</i> , Vol. 86(11):1250-1255 (1997)					
	C2	Stratford, N., "Antioxidant potential of i.v. fluids," <i>British Journal of Anaesthesia</i> , Vol. 78:757-759 (1997)					
	C3	Wall, Jarrod, "Antioxidants In Prevention Of Reperfusion Damage Of Vascular Endothelium," <i>TSMJ</i> , Vol. 1:67-71 (2000)					

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner	Date	
Signature	Considere	ed

^{&#}x27;Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

PTO/SB/17 (12-04v2) Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known / Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/618350-Conf. #6687 **Application Number** FEE TRANSMITTAL July 11, 2003 Filing Date John K. CINI First Named Inventor For FY 2005 **Examiner Name** R. Li Applicant claims small entity status. See 37 CFR 1.27 1646 Art Unit MXI-285 TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **FILING FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 100 300 150 80 160 Plant 500 250 600 300 Reissue 300 150 100 Provisional 200 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Multiple Dependent Claims **Total Claims Extra Claims** Fee Paid (\$) Fee (\$) Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims 0 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee (\$) Fee Paid (\$) /50 - 100 = ___ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) ≱806 Submission of an Information Disclosure Statement Other (e.g., late filing surpharge): 180.00 SUBMITTED BY Registration No. (Attorned Agent) Signature 56,266 Telephone (617) 227-7400 Maria Laccotripe Zacharakis, Ph.D., J.D. Date Name (Print/Type) July 28, 2006